

DEVELOPMENTAL DISABILITIES
ASSISTANCE AND BILL OF
RIGHTS ACT OF 2000

SPEECH OF

HON. TOM BLILEY

OF VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, July 25, 2000

Mr. BLILEY. Mr. Speaker, I rise today in support of H.R. 4920, the Developmental Disabilities Assistance and Bill of Rights Act of 2000. Congressmen LAZIO and HOYER are to be saluted for their hard work in ensuring that the Developmental Disabilities Act (DD Act) will be reauthorized this year. The bill before the House is very similar to the DD Act reauthorization which passed the other chamber by a vote of 99-0. It is bipartisan in nature, and I urge that the House pass this legislation today.

It is estimated that there are more than 4 million individuals living with developmental disabilities in our nation today. To ensure that these individuals have access to programs which allow them to live life to their fullest potential, this reauthorization continues funding for programs which have proven effective over the past decades.

There are four major, historic components of the DD Act. These are: (1) State Developmental Disability Councils, which advise governors and state agencies about the best ways to meet the needs of individuals with developmental disabilities; (2) protection and advocacy systems, which ensure that individuals living with developmental disabilities are protected from neglect, abuse, exploitation, and the violation of their legal and human rights; (3) University Affiliated Programs, much like the one at the Medical College of Virginia, which train the professionals of tomorrow who will treat individuals with developmental disabilities; and (4) projects of national significance.

Beyond providing DD Councils, P & A systems and University Affiliated Programs with greater flexibility, the bill also includes a Title which creates the Reaching Up Scholarship Program to provide vouchers for individuals who provide direct support to individuals with developmental disabilities.

Importantly, the bill contains language which ensures that individuals with developmental disabilities, along with their families, are the primary decisionmakers regarding the services and supports such individuals and their families receive, including the choice of where the individuals should live. We have heard from one group, the Voice of the Retarded, who is concerned that this language does not go far enough in protecting residential choice for individuals with developmental disabilities. So I want to make it clear that the Act before us in no way is meant to preclude residential choice. It is not intended to send a signal that the Federal government supports closing certain facilities, or that the Federal government opposes such actions. Instead, these decisions are to be left to the individual States. Because I believe the concerns of the Voice of the Retarded are heartfelt and legitimate, I pledge to work with them in the implementation of this Act, and to ask the General Accounting Office to investigate whether individuals with developmental disabilities are precluded from choosing the residential option of their preference.

As a last note, I want to stress the importance of family support programs. The other body included in their reauthorization a Title which would allow States to compete for family support grants, intended to help families raising children with developmental disabilities. While the bill before us does not contain such a Title, I want to assure the disability community that I will do all in my power to fight for this Title in Conference.

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INTRODUCTION OF MEDICARE
INTERNET SITE FOR THE SAFE
PURCHASE OF PRESCRIPTION
DRUGS AT THE BEST DOMESTIC
AND INTERNATIONAL PRICE

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, September 7, 2000

Mr. STARK. Mr. Speaker, I rise today to introduce the Medicare Prescription Drug Internet Access Act of 2000. This bill will allow Medicare beneficiaries to purchase safe, FDA-approved medication through a Medicare re-approved internet site from US and international suppliers at the lowest possible prices.

Prescription drug costs are the highest they have ever been. The cost of prescription medicine increased between 15 and 25 percent over the past year. As a result, many of our nation's seniors either resort to reducing their dosage to stretch their supply or simply go without their needed medication.

Residents of other countries pay less for the same prescription medicine than our seniors get in the US. Much of the extra cost is related to marketing and advertising of drugs. Twenty to thirty cents of every dollar spent on a prescription drug goes to the advertising and marketing of the product.

Why should Medicare beneficiaries in the United States have to pay more than residents of other countries for the same medication?

Under the bill I am introducing today, Medicare beneficiaries would have access to those lower prices from a safe, certified-reliable source. All a beneficiary, doctor, or a pharmacy serving a beneficiary has to do is click on the Medicare home page, type in their prescription, and up pops the five lowest prices for their medicine, available from domestic and international suppliers. The beneficiary submits their prescription to the internet pharmacy, and gets their medicine at the price he or she selects, through the mail, by express delivery, or at their local retail pharmacy. There is no lag time in pricing because these prices will be available on a "real time" basis. Existing domestic internet pharmacies are eligible to compete for business on this official Medicare website.

The only medicine that contracting internet pharmacies would be able to sell is FDA-approved medicine manufactured in FDA-approved facilities. We have the best drug approval process in the world. The federal Food and Drug Administration sends inspectors to other countries to examine the quality of the medicine, storage conditions and facilities, distribution of the medicine, and manufacturing facilities of foreign companies before they can import drugs into the United States. Internet pharmacies, under this bill, would only be able to import prescription medicine from approved

companies that have been inspected by the FDA.

There are problems that exist today with phony websites pawning counterfeit medicine to unsuspecting people. This bill addresses the issue of so-called "rogue" websites. It establishes a uniform set of criteria to which contracting internet pharmacies must adhere or face criminal and financial consequences. Among other criteria, internet pharmacies would have to be licensed in all 50 states as a pharmacy, fully comply with State and Federal laws, and only dispense medicine with a valid prescription through a licensed practitioner.

As an added precaution, internet pharmacies would be required to display a Medicare Seal of Approval which serves to authenticate the website. The seal would directly link to a secure webpage operated by the Medicare contractor which verifies the internet pharmacy's legitimacy.

I am proud to introduce the Medicare Prescription Drug Internet Access Act of 2000. It is unfair that seniors in the US are forced to shoulder a greater burden in higher drug costs. I urge your support of this bill which would allow Medicare beneficiaries access to safe, FDA-approved prescription medicines at lower prices.

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AUGUST CITIZEN OF THE MONTH

HON. CAROLYN MCCARTHY

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Thursday, September 7, 2000

Mrs. MCCARTHY of New York. Mr. Speaker, I rise today to name Garden City resident Indu Jaiswal, the Director of Nutrition Services for the Promenade Rehabilitation and Health Care Center in Rockaway Park, as the Citizen of the Month in the Fourth Congressional District for August 2000.

Indu is a prominent leader in both the Indian Community on Long Island and in her nutritional profession. As a nurse, I know how nutrition is directly related to the good health and extended lives of people.

Indu also works as a Clinical Nutritionist for the Western Queens Health Associates and represents the Dietary Department at Administrative and Medical Board Meetings. She organizes treatment programs for patient education as well as for diabetic teams. She is involved in the planning, directing, implementing, and evaluating of all activities of the Food Service Department.

Indu is a health care professional who is also interested in the health of her community. She actively participates in many community activities. She served as President of the India Association of Long Island, Secretary of the Federation of the Indian Association in New York, New Jersey, and Connecticut, and the Vice President of the India Study Center at Stony Brook University. She also serves as a Board member of the Youth Council of Nassau County.

Along with caring for her Long Island patients in an office setting, Indu cares for all Long Islanders by sending out her good health messages on radio and television airways.

The contributions that Indu has made to our community are astounding.

Indu is a graduate of the University of Delhi in New Delhi, India. She completed her post